



**James J. Peters VA Medical Center  
VISN 3 GRECC  
Interprofessional Palliative Care Fellowship Program**

A national network of six interprofessional palliative care fellowship programs was funded in 2002 by the Department of Veterans Affairs to provide the best possible care for the nation's veterans by transforming the care of the seriously ill. The James J. Peters VA Medical Center VISN 3 GRECC Program hosts one of these fellowship programs.

**Eligible Criteria for Interprofessional Fellows**

- Board Certified or Board Eligible Physicians who have completed a 3 year U.S. residency program in internal or family medicine, psychiatry and neurology, radiology, surgery, anesthesiology, emergency medicine or sub-specialty training in oncology, geriatrics or anesthesia; **an active U.S. medical license is required prior to start date**
- Master's Prepared Nurses; **ANCC certification required prior to start date**
- Master's Prepared Social Workers from a CSWE accredited program
- Post-residency Doctorally Prepared Pharmacists

The medical training component of the fellowship program was accredited by the Accreditation Council for Graduate Medical Education effective July 1, 2009.

**Mandatory Requirement**

All non-physician candidates must be United States citizens. Physicians can be a U.S. citizen, permanent resident or current J-1 or H1-b Visa holder with an active U.S. medical license.

**Candidate Preference**

Given to those applicants who:

- 1) Demonstrate motivation and ability to assume leadership roles in the promotion of palliative and end of life care within their field of specialization;
- 2) Are committed to an interdisciplinary team approach to care; and
- 3) Express interest in future employment within the VHA system.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Structure of the Fellowship**

- One-year fellowship program commencing in July 2012. Applications meeting requirements and containing ALL required documents are reviewed on a case-by-case basis.
- Mandatory clinical traineeships for the year include East Orange Campus of VA New Jersey Healthcare System and non-VA rotations at Mount Sinai Medical Center's palliative care service, Jacob Perlow Hospice Corporation home hospice, and Elizabeth Seton Pediatric Center.
- An elective rotation at another VA facility with an exemplary palliative or end-of-life care program may be arranged at the fellow's own expense.
- This is a full-time position (2,080 hours/year). Fellows are expected to commit to a 40-hour work week during normal business hours.
- Fellows receive a stipend, are eligible to participate in a health benefit plan, and receive sick and vacation time.

## **Program Leadership**

Judith L. Howe, PhD, MPA (Program Director)

Paulina Kim, MD, MPH (ACGME Fellowship Director and Interprofessional Fellowship Co-Director)

Robyn Anderson, RN, ACHPN (Interprofessional Fellowship Co-Director)

Valerie Menocal, BS (Fellowship Coordinator)

Annette Atanous, MSSW (ACGME Coordinator)

### **Site Directors**

Victor Chang, MD, East Orange VA Campus, NJ Healthcare System

Emily Chai, MD, Mount Sinai Hospital

Theodore Kutzy, MD, Jacob Perlow Hospice Corporation,  
(former GRECC Interprofessional Palliative Care Fellow)

R. Gordon Hutcheon, MD, Elizabeth Seton Pediatric Center

### **Academic Faculty/Preceptors**

Carmela Aponte, LCSW

Kenneth Boockvar, MD, MS

Ab Brody, PhD

Elizabeth M. Clark, MD, FACP

Daniel Degyansky, M. Div, BCC

Elizabeth Lindenberger, MD

Barbara Morano, LCSW

Joan Penrod, PhD

Bindu Raju, MD

Rosina Stamati, RPh, MPA, CGP, BCPS

Wendy Wisniewski, PhD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Goals of the GRECC Fellowship Program**

- Develop experts who demonstrate the clinical knowledge, skills, and attitudes to establish palliative and end-of-life care as the standard of care for veterans suffering from chronic, progressive, life-threatening illness across various venues of care (e.g., inpatient, outpatient, and long-term care).
- Provide fellows with the skills, insight, and experience to distinguish themselves as national leaders, clinicians, researchers and educators in the field of palliative care.
- To meet these goals, fellows will engage in a longitudinal multi-site and interdisciplinary program, which includes:
  - Individual learning plans to accommodate a broad spectrum of professional goals and individual interests in palliative care. This includes the development of a plan of individualized electives and customized areas of study by each fellow in consultation with the fellowship faculty.
  - Research through a mentored research experience with an option for participation in an existing study.
  - Clinical training in a range of VA and non-VA settings.
  - Weekly didactic seminars, journal clubs and grand rounds.
  - A leadership component which includes enhancement of teaching and presentation skills through selected case and seminar presentations, “making the case” for a palliative care program, interprofessional team leadership sessions and writing for publication.

## **Training Sites**

- James J. Peters VA Medical Center, Bronx, New York
- East Orange Campus of the VA New Jersey Healthcare System
- Mount Sinai School of Medicine – Brookdale Department of Geriatrics and Palliative Medicine, New York, NY
- Metropolitan Jewish Healthcare System (MJHS), New York, NY
- Elizabeth Seton Pediatric Center, New York, NY
- Elective rotations are available at other VA facilities

## **Curriculum Outline**

The fellowship curriculum is designed to integrate the six core ACGME clinical competencies into the curriculum as a basis for learning. The competencies are patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Mandatory weekly interactive seminars are taught on Thursdays by core and guest faculty. Joint journal clubs with Mount Sinai Brookdale Department of Geriatrics and Palliative Medicine and joint GRECC / Mount Sinai Palliative Care and Geriatric Grand Rounds are also offered in addition to many other learning opportunities. Fellows are also supported to attend the MSSM Intensive Update with Board Review in Geriatric and Palliative Medicine and Education in Palliative and End-of-Life Care (EPEC) courses.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Other learning activities include the VISN 3 Quarterly Palliative Care Education meetings, noon conferences, local and regional conferences, Mount Sinai Geriatrics and Palliative Care Board Review Course and Education for Palliative and End of Life Care training.

**Seminar Topics include**

- Introduction to Palliative Medicine
- Pain and Non-pain Symptoms
- Ethics
- Clinical Communication Skills
- Prognostication
- Leadership Development
- Cultural and Spiritual Aspects of End of Life Care
- Interprofessional Teamwork

**Teaching Methods**

- Direct discipline-specific clinical mentoring and apprenticeships at each training site in addition to learning in an interdisciplinary context.
- Classroom: lectures, case-based learning seminars and workshops, grand rounds, noon case conferences
- Clinical training: team teaching, home visits, morning reports, attending rounds, team meetings, clinical case conferences, psychosocial rounds, and ethics conferences
- Interactive/Participatory Educational Activities: mentoring/apprenticeship/supervision, case analyses, planning and participating in a variety of teaching venues, book clubs, and reflective journaling.

**Applications are accepted and reviewed on a rolling admissions basis.**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

**For additional information, please contact:**

**Valerie Menocal**

Fellowship Coordinator

VISN 3 GRECC Program

James J. Peters VA Medical Center

130 West Kingsbridge Road

Bronx, NY 10468

**E-mail:** [valerie.menocal@va.gov](mailto:valerie.menocal@va.gov)

Phone: 718-584-9000, x 3809 or 3800

Fax: 718-741-4211

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**James J. Peters VA Medical Center  
VISN 3 GRECC  
Interprofessional Palliative Care Fellowship Program**

**How to Apply**

We welcome applications from all qualified candidates who are Board Certified or Board Eligible Physicians, master's prepared Nurses, master's prepared Social Workers, and post-residency doctorally prepared Pharmacists.

All non-physician candidates must be United States citizens. Physician candidates must be a U.S. citizen, permanent resident, or a current J-1 or H1-b visa holder with an active U.S. medical license.

For any questions, please contact Valerie Menocal, Fellowship Coordinator, VISN 3 GRECC Program, James J. Peters VA Medical Center, 130 West Kingsbridge Road, Bronx, New York 10468, by phone at 718-584-9000 x3809 or 3800, or via e-mail at [valerie.menocal@va.gov](mailto:valerie.menocal@va.gov).

We look forward to receiving your completed application and wish you the best in your endeavors. Please note that we are unable to review incomplete applications.

**Your Completed Application Must Include the Following:**

1. Completed and signed application
2. Proof of U.S. Citizenship (e.g., copy of passport or birth certificate) or permanent resident status for physician candidates (copy of J-1 or H1-b Visa and ECFMG certificate)
3. A copy of your most recent curriculum vitae
4. A copy of your discipline's license. **Physicians MUST have an active U.S. medical license. (If J-1 visa, a limited permit is required.)**
5. A personal statement, which describes your career goals and interests in palliative care, not to exceed 750 typed words. (Please do not use ALL upper case.)
6. One copy of your official school transcripts. This would include undergraduate and post graduate schools attended. If you are accepted into the program, you will need to submit one set of original transcripts. We must receive them in sealed envelopes.
7. Three letters of recommendation are required (**must have 3 clinical reference letters from current supervisors or Program Directors within the past six months**). Please have all recommendations addressed to the attention of Paulina Kim, MD in a sealed envelope to be forwarded, unopened, to our office with your completed application for submission.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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**Make sure you have ALL of the following enclosed with the application:**

- |   |  |
|---|--|
| <input type="checkbox"/> Application            | <input type="checkbox"/> Personal Statement                                    |
| <input type="checkbox"/> Proof of Citizenship   | <input type="checkbox"/> 3 Current Clinical Reference Letters                  |
| <input type="checkbox"/> Curriculum Vitae       | <input type="checkbox"/> School Transcripts<br>Undergraduate and post-graduate |
| <input type="checkbox"/> Copy of Active License |  |

**If applicable:**

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of J-1 or H1-b Visa | <input type="checkbox"/> ECFMG Certificate |
|---|--|

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**Application Deadlines:**

- It is the responsibility of the applicant to ensure that all documents are in the James J. Peters Veterans Affairs Medical Center VISN 3 GRECC office by traceable mail in a timely fashion (e.g., registered, certified or FedEx). Applications are accepted and reviewed on a case-by-case basis.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**Application for the  
James J. Peters VA Medical Center VISN 3 GRECC  
Interprofessional Palliative Care Fellowship Program  
130 West Kingsbridge Road  
Bronx, NY 10468**

**For which discipline are you applying?**

☐ Medicine      ☐ Nursing      ☐ Social Work      ☐ Pharmacy

**Name of Applicant:** \_\_\_\_\_  
(Last) (First) (M.I.)

**List other names that may appear on credentials:** \_\_\_\_\_

**1. Check your degree status within your discipline. Complete appropriate section below according to your discipline:**

☐ MA      ☐ MSN      ☐ MPH      ☐ MS      ☐ MSW      ☐ Advanced Certificate  
☐ EdD      ☐ PharmD      ☐ MD      ☐ DO      ☐ MBBS  
☐ Other \_\_\_\_\_

**Physicians**

☐ License      State: \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
☐ J-1 or H1-b Visa (**must provide a copy**)      Expiration Date: \_\_\_\_\_  
☐ ECFMG Certificate (**must provide a copy**)      Certificate Number: \_\_\_\_\_  
☐ Board Certified      Specialty: \_\_\_\_\_      Date: \_\_\_\_\_  
☐ Board Eligible      Specialty: \_\_\_\_\_      Date: \_\_\_\_\_  
☐ National Provider Identifier (NPI) number \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## 2. Present Mailing Address

Street Address / PO Box		Apt / PH
City	State	Zip Code
<b>Phone:</b>		
Home		Mobile
Fax	E-mail	

**Permanent Mailing Address** ☐ Check if same as present mailing address.

Street Address / PO Box		Apt / PH
City	State	Zip Code
<b>Phone:</b>		
Home		Mobile
Fax	E-mail	

**3. Proof of Citizenship/Permanent Status (Attach copy):** ☐ Birth Certificate ☐ U.S. Passport ☐ Permanent Resident Card

**4. Is English your native language:** ☐ Yes ☐ No If no, what is your native language? \_\_\_\_\_

## 5. How would you describe yourself? (Optional)

<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Korean	<input type="checkbox"/> White (non-Hispanic)	_____
<input type="checkbox"/> Chicano	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Biracial/Multiracial	_____

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**6. Previous Education Experience: Please note you must complete this section.**

Please list your baccalaureate institution on line 1 with all corresponding dates and degrees. List all other post-secondary institutions attended on lines 2-4. **Please provide one copy of each institution's transcript.** See application instructions on page 5 for details.

Name of Institution	City, State	Attended Dates	Degree/Major
1. _____			
2. _____			
3. _____			

**7. List any honors or scholarships received; books or articles published:**

\_\_\_\_\_

\_\_\_\_\_

**8. List any certificate or license you now hold, where it was obtained, and the profession or field to which it pertains:**

Type of Certificate or License	Issued By	Field
_____		
_____		

**8. List your recent professional experience. (Please attach your current cv.):**

Position	Employer	From To Month and Year
_____		
_____		
_____		

**REMINDER: Please attach a typewritten, double-spaced personal statement, not to exceed 750 typed words, describing your career goals and interest in palliative and end of life care.**

I understand that the James J. Peters Veterans Affairs Medical Center cannot assume responsibility for the loss or delay of applications or credentials and will not process applications for admissions until official transcripts and test scores for all previous graduate and undergraduate study have been received. The James J. Peters Veterans Affairs Medical Center reserves the right to refuse admission to any applicant who, in the Medical Center's judgment, is not qualified. Similarly, the Medical Center reserves the right to require withdrawal of any student at any time for any reason deemed sufficient under the rules and traditional practices of the Medical Center. I certify that the above information is correct. I am aware that this application is valid for one year only from the date of submission.

_____	_____
Date	Applicant's Signature

**Applications are accepted and reviewed on a rolling admissions policy.**  
Incomplete applications will not be reviewed.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_